

**STATE OF ARIZONA**  
**DEPARTMENT OF WATER RESOURCES**  
**WATER MANAGEMENT DIVISION**  
**MAIL TO: P.O. BOX 458, PHOENIX, ARIZONA 85001-0458**  
**3550 North Central Avenue, Phoenix, Arizona 85012**  
**Phone (602) 771-8585 Fax (602) 771-8688**

**APPLICATION FOR A PERMIT TO DRILL OR OPERATE A SERVICE AREA  
WELL WITHIN AN ACTIVE MANAGEMENT AREA BY A CITY, TOWN, PRIVATE  
WATER COMPANY OR IRRIGATION DISTRICT PURSUANT TO A.R.S. § 45-599**

**I. INSTRUCTIONS:**

1. THIS FORM MAY ONLY BE USED BY CITIES, TOWNS, PRIVATE WATER COMPANIES AND IRRIGATION DISTRICTS TO DRILL OR OPERATE A NEW WELL WITHIN THEIR SERVICE AREAS.
2. A new well constructed or acquired by a city, town, private water company or an irrigation district shall comply with appropriate limitations cited in Arizona Revised Statutes (A.R.S.) §§ 45-492, 45-493 and 45-494.
3. Complete all appropriate items on this application, sign in the appropriate place and mail to P.O. Box 458, Phoenix, Arizona 85001-0458 or hand deliver to 3550 North Central Avenue, Phoenix, Arizona 85012.
4. In accordance with A.R.S. § 45-113, the application fee is \$150.00, and the permit fee is \$30.00. You may submit both Checks at the time of filing the application.
5. If drilling of multiple wells is proposed, or if the proposed design pump capacity is in excess of 500 gallons per minute, the applicant must attach a hydrological study delineating the projected declines in water levels due to the operation of the proposed well or wells, as required by Department Rule R12-15-830.

**II. GENERAL DATA**

1. Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_

2. Name of Land Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Telephone Number \_\_\_\_\_

3. Applicant is: ☐ Owner ☐ Lessee

4. The proposed well is: ☐ New well ☐ Conversion (enlargement) of an existing well ☐ Replacement well in a new location.

5. Claim of entitlement to withdraw groundwater is based upon Water Provider Right Number 56-\_\_\_\_\_  
or Irrigation District Number 57-\_\_\_\_\_

6. Has a current map of the service area been furnished to the Department as required by A.R.S. § 45-498? ☐ Yes ☐ No  
**(If no, enclose as part of this application.)**

7. Is the proposed well located in your service area? ☐ Yes ☐ No

8. Will groundwater withdrawn be used in your service area? ☐ Yes ☐ No **(If answer is no, attach explanation.)**

9. Legal description of Well Location: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
10 Acre 40 Acre 160 Acre

10. Position location of the well: Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W

11. Design pump capacity \_\_\_\_\_ gpm Depth \_\_\_\_\_ feet  
Diameter \_\_\_\_\_ inches Type of casing \_\_\_\_\_

| FOR DEPARTMENT USE ONLY |                 |
|-------------------------|-----------------|
| Application No.         | _____           |
| Registration No.        | _____           |
| File No.                | _____           |
| Date Received           | _____           |
| AMA                     | _____           |
| W/S                     | _____ S/B _____ |

12. Proposed annual volume of water \_\_\_\_\_ acre feet.
13. Well is located in the \_\_\_\_\_ subbasin of the \_\_\_\_\_ Active Management Area.
14. If the well is located in the Santa Cruz AMA, please attach documentation and explanation showing that the location of the proposed well is consistent with the management plan, as required by A.R.S. § 45-599(C).
15. Approximate date construction will begin: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
Estimated time to complete new well \_\_\_\_\_. (If longer than 1 year, attach explanation.)
16. Legal description of the land where groundwater will be used:  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W. County \_\_\_\_\_  
10 Acre 40 Acre 160 Acre
17. Is the proposed wellsite within 100 feet of a septic tank system, sewage disposal area, landfill, hazardous waste facility or storage area of hazardous materials? ☐ Yes ☐ No (if yes, a written request for a variance must accompany this application, pursuant to R12-15-820.)
18. Drilling Firm: \_\_\_\_\_ DWR License Number \_\_\_\_\_ ROC License Category \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street City State Zip Telephone Number
19. **Attach a New Well Construction Supplement, DWR form 55-90, and include a detailed construction diagram as indicated on the form.**

### III. FOR REPLACEMENT WELL ONLY:

20. Registration number of existing well 55-\_\_\_\_\_.
21. Location of the original well: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
10 Acre 40 Acre 160 Acre
22. Position location of the original well: Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W
23. Depth \_\_\_\_\_ feet. Diameter \_\_\_\_\_ inches.
24. Distance between original well and proposed replacement well \_\_\_\_\_ feet.
25. Will the original well be abandoned if the applicant receives this permit to drill a well? ☐ Yes ☐ No.  
(If yes, please submit a completed Notice of Intent to Abandon A Well form along with this application.)  
(If no, explain the planned use of the original well): \_\_\_\_\_

### IV. FOR CONVERSION (ENLARGEMENT) OF EXISTING WELL ONLY:

26. Registration number of existing well 55-\_\_\_\_\_. Present design pump capacity \_\_\_\_\_ gallons per minute.
27. The new design pump capacity \_\_\_\_\_ gallons per minute.
28. The existing well has previously been used in conjunction with or for the following:  
\_\_\_\_\_

**It is understood that the permit, if granted, will be in accordance with the Groundwater Management Act (Title 45, Chapter 2) and the rules adopted there under. The permittee will be bound by the provisions of such law and the provisions of permit issued.**

I (we), \_\_\_\_\_ hereby swear that all information provided in this application is true and correct to the best of my/our knowledge and belief.  
(Print Name)

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_